

**CITY OF ALEXANDRIA**

OFFICE OF BUILDING AND FIRE CODE ADMINISTRATION

301 KING STREET, SUITE 4200

ALEXANDRIA, VIRGINIA 22314

703.746.4200 FAX 703.838.3880

CERTIFICATE OF OCCUPANCY**IMPORTANT - Applicant to complete ALL applicable items.****Shaded boxes are FOR OFFICIAL USE ONLY**

Permit Number	1. Building Name	Master Building Permit
2. Street Address	Floor/Suite No.	3. Date Applied
4. Building Owner	5. Contact Information Primary Phone: _____ Alternate Phone: _____ Email: _____	
6. Owner's Mailing Address (if different from project address)		
7. Tenant's Name	8. Contact Information Primary Phone: _____ Alternate Phone: _____ Email: _____	
9. Business License Number: _____ New Business in City? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. SUP # : _____ Expiration Date: _____ * PLEASE ATTACH COPY OF APPROVED SUP *
11. Modification Granted? <input type="checkbox"/> No <input type="checkbox"/> Yes-applicable code section _____		12. Site Plan # _____ Date Approved _____
13. Building Use:: Currently Approved _____ Proposed _____		14. Mixed Use Building: <input type="checkbox"/> No <input type="checkbox"/> Yes - Other Use Groups _____
15. Intended Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	16. Code Name & Edition:	17. Type of Construction: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB
18. Space Previously Occupied? <input type="checkbox"/> No <input type="checkbox"/> Yes - as _____		19. <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building
20. Size of Tenancy _____ ft ²		21. Floor Loading _____ psf
22. Number of Floors to Be Occupied:		23. Total Number of Stories:
24. Is the Building Sprinklered? <input type="checkbox"/> No <input type="checkbox"/> Yes - specify <input type="checkbox"/> Full <input type="checkbox"/> Partial _____		25. Fire Alarm System? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Proposed
26. Accessibility for Disabled: <input type="checkbox"/> Exempt <input type="checkbox"/> Fully Accessible <input type="checkbox"/> Partially Accessible <input type="checkbox"/> Proposed Compliance (specify items): _____		

AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. Signature of Owner or Authorized Agent _____ Printed Name of Person Applying for C.O. _____ Address: _____ Phone: _____ Fax: _____ Email: _____	APPROVALS	FEES
	Approving Engineer / Approval Date /	TOTAL FEES PAID
	Max. Occupancy Load	\$
	Max. Floor Live Load	Date Issued
	Approved Use Group	- Residential Fees - 1 & 2 Family Dwellings, \$135 Condos/per dwelling unit \$135 Rental Apts/per dwelling unit \$135 Additions \$135
Assembly Permit Required? <input type="checkbox"/> No <input type="checkbox"/> Yes - Occup Load _____	- Commercial Fees - 1,000 ft ² and less \$150 1,001- 2,500 ft ² \$175 2,501 ft ² and greater \$200 Shell & Core \$500	

THE CERTIFICATE OF OCCUPANCY SHALL BE POST AS REQUIRED BY THE BUILDING/FIRE OFFICIAL

12.09

NOTICE: The building/tenant space may not be occupied before the Certificate of Occupancy is issued.